September 15, 2016

Secretary Sylvia Matthews Burwell
Department of Health and Human Services
330 Independence Avenue SW
Washington, DC 20201

Dear Secretary Burwell,

On behalf of the over 29 million Americans living with diabetes and the 86 million more with prediabetes, the American Diabetes Association (Association) provides the following comments and recommendations regarding the New Hampshire Health Protection Program (NHHPP) Section 1115 waiver amendment proposal.

According to the Centers for Disease Control and Prevention, almost 97,000 adults in New Hampshire have diabetes and 62,000 have prediabetes.[1] Adults with diabetes are disproportionately covered by Medicaid.[2] For low income individuals, access to Medicaid coverage is essential to managing their health. As a result of inconsistent access to Medicaid across the nation, these low income populations experience great disparities in access to care and health status, which is reflected in geographic, race and ethnic differences in morbidity and mortality from preventable and treatable conditions. For example, a study conducted in California found "amputation rates varied tenfold between the highest- and lowest-income neighborhoods in the state."[3] Medicaid expansion made available through the Affordable Care Act (ACA) offers promise of significantly reducing these disparities. As such, the Association strongly supports New Hampshire's decision to continue its Medicaid expansion program. We are, however concerned by the lack of detail and clarity in the NHHPP amendment proposal, and provide the following comments and recommendations to ensure the needs of low-income individuals with, and at risk for, diabetes continue to be met by the state's Medicaid program.

<u>Cost-Sharing Comparability</u>

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. The Association, including its scientific and medical experts, believes essential benefits for the management, prevention, and care of diabetes include:

- Diabetes screening for individuals at high risk;
- Services as determined by a treating health care provider;
- Prescription medications;
- Durable medical equipment, such as blood glucose testing equipment and supplies, and insulin pumps and associated supplies;

- Services related to pregnancy, including screening for diabetes; monitoring and treatment for women with pre-existing diabetes and gestational diabetes; and postnatal screening;
- A yearly dilated eye exam by an eye-care professional with appropriate follow-up care as medically needed;
- Podiatric services;
- Diabetes education, including diabetes outpatient self-management training services; and
- Medical nutrition therapy services.

When people are not able to afford the tools and services necessary to manage their diabetes, they scale back or forego the care they need, potentially leading to costly complications and even death. Therefore, the price sensitivity of households with low incomes *must* be a consideration when imposing cost-sharing requirements for any public health program.

When the New Hampshire legislature reauthorized the NHHPP, it required some changes to the program.[4] However, aside from the proposed change to emergency room co-payments, the legislation did not make changes to the cost-sharing structure of the program. It appears from the NHHPP waiver amendment application, the state is seeking authority to continue with the current cost-sharing structure in the Premium Assistance program which we understand to be different from the current cost-sharing structure for the medically frail population in the state's traditional Medicaid program. However, the Association is concerned by the lack of detail pertaining to the requested change. In the proposal, the state is requesting to waive the cost-sharing comparability requirements under §1902(a)(17) of the Social Security Act, to "allow different levels of cost-sharing for NHHPP participants with incomes above 100 percent of the federal poverty level who participate in the Premium Assistance Program." We want to ensure the state is not proposing to modify the cost-sharing requirements for those in the Premium Assistance program.

Section 1916(f) of the Social Security Act does not allow waiver of the federal cost-sharing limits unless the waiver is "for a demonstration project which the Secretary finds after public notice and opportunity for comment –(1) will test a unique and previously untested use of copayments, (2) is limited to a period of not more than two years, (3) will provide benefits to recipients of medical assistance which can reasonably be expected to be equivalent to the risks to the recipients, (4) is based on a reasonable hypothesis which the demonstration is designed to test in a methodologically sound manner, including use of control groups of similar recipients of medical assistance in the area, and (5) is voluntary, or makes provision for assumption of liability for preventable damage to the health of recipients of medical assistance resulting from involuntary participation."[5]

Both the draft waiver application presented for public comment at the state level and this application submitted to CMS does not include any detail regarding proposed changes to cost-sharing for NHHPP participants. Therefore, there has not yet been an opportunity for public comment on any proposed cost-sharing requirements above the federal limits. Studies have shown cost-sharing can act as a barrier to accessing care,[6] so any cost-sharing requirements above the federal limits are not likely to provide benefits

to Medicaid enrollees. Further, the state's waiver application does not provide a reasonable hypothesis related to cost-sharing changes—or any other provisions in this waiver application—that will be tested using control groups of similar Medicaid beneficiaries. The state has not met the §1616(f) requirements for waiver of federal cost-sharing limits, and therefore the cost-sharing requirements in the NHHPP should remain unchanged.

Summary

It would be a great disservice to New Hampshire residents if these proposed changes undo the excellent work the state has done to ensure every resident of New Hampshire has access to adequate, affordable health care. The Association wants this momentum to continue, but also wants to ensure all Medicaid beneficiaries in New Hampshire—including those in the new adult eligibility group—are protected by the federal Medicaid rules. **Therefore, we recommend CMS ensure the proposed changes to the New Hampshire Medicaid program support the objectives of the Medicaid program and do not undermine access to coverage and the affordability of care.**

We appreciate the opportunity to provide comments on the New Hampshire Health Protection Program Section 1115 waiver amendment proposal. If you have any questions, please contact me at lmciver@diabetes.org or (703) 299-5528.

Sincerely,

LaShawn McIver
Vice President, Public Policy and Strategic Alliances
American Diabetes Association

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[1] Centers for Disease Control and Prevention, Diabetes Data and Statistics, 2014, New Hampshire. Available at: http://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html#.

[2] Kaiser Commission on Medicaid and the Uninsured, The Role of Medicaid for People with Diabetes, November 2012. Available at http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf

[3] Stevens CD, Schriger DL, Raffetto B, et. al, Geographic Clustering of Diabetic Lower-Extremity Amputations in Low-Income Regions of California, 8 Health Affairs 33, August 2014

[4] New Hampshire House Bill 1696, Enacted April 5, 2016

[5] 42 U.S.C 1396o(f).

[6] Premiums and Cost-Sharing in Medicaid: A Review of Research Findings, Kaiser Commission on Medicaid and the Uninsured, February 2013